

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90100 036 ***150.00

DOCUMENT # P96000070107

1. Corporation Name
NETWORK BUILDERS INC.

Principal Place of Business
17944 SW 1ST ST
PEMBROKE PINES FL 33029

Mailing Address
17944 SW 1ST ST
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1996

4. FEI Number
65-0691253

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1084 SW 158th Avenue
Suite, Apt. #, etc.

26 1084 SW 158th Avenue
Suite, Apt. #, etc.

22 PEMBROKE PINES, FL
City & State

27 PEMBROKE PINES, FL 33027
City & State

23 33027
Zip

Country

28 33027
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRNES, LOLITTA
17944 SW 1ST ST
PEMBROKE PINES FL 33029

81 Name

KIRNES, LOLITTA

82 Street Address (P.O. Box Number is Not Acceptable)

1084 SW 158th Avenue

83

PEMBROKE PINES, FL 33027

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE LOLITTA KIRNES PRESIDENT
Signature, typed or printed name of registered agent and title if applicable.

Lolitta Kirnes
(NOTE: Registered Agent signature required when reinstating)

1/20/99
DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE P
NAME KIRNES, LOLITTA
STREET ADDRESS 17944 SW 1ST STREET
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE P
1.2 NAME KIRNES, LOLITTA
1.3 STREET ADDRESS 1084 SW 158th Avenue
1.4 CITY-ST-ZIP PEMBROKE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lolitta Kirnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

Daytime Phone #

CR2E034 (11/98)